

Donation Request Form

Contribution Guidelines

Requests should be submitted by completing the Donation Request Application below. A hard copy may be obtained by mailing a self addressed stamped envelope to:

Ravens Roost 115 PO Box 2011 Westminster, MD 21158

Consideration for sponsorship will be based on funds availability.

- Requests from Ravens Roost 115 members will be given priority over requests from non-members.
- Ravens Roost 115 may make donations of money, property, services or volunteer support.
- Organizations or causes that do not impact the community area of Ravens Roost 115 will not be considered.

Date:	Dead			dline for resp	onse:				
Organization's or Individual's Name:									
Phone:									
Contact Name:				Contact Phone:					
Address:									
E-mail:									
Is the organization:	n:National		Regional		State			Local, City	
								Name:	
What Type of organization is it?			Nonprofit		Schoo	School		Civic	
		-		Community	Youth		Other		
If other, explain:									
Are you a member of Ravens Roost 115?					Yes	Yes		No	
Are you a member of another Ravens Roost?					Yes	Yes		No	
If so, which one?		Where is it	locate	ed?	d? Who is your pre		sident?		
Who is affiliated with this group, event, or				Self	Spouse		Child	Other	
individual?									
If other, explain.						•			
Will Ravens Roost 115 receive recognition?					Yes	Yes		No	
Item's requested:	Cash (amount)			Merchandis	(describe):		Other (describe)		
For what purpose(s) would the donation be used?									